NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC GOODS POOLS
MONTHLY REPORT
PAYMENT AND RECONCILIATION SUMMARY
Report of Patient Services Payments and Surcharge Obligations and Report of Covered Lives Assessment

Report Month _____ , _____

Payor Name _____   Federal Tax ID# _____

TPA Name (if applicable) _____   TPA Federal Tax ID# _____

 1. Total **1997** Surcharge Obligations on Patient Service Payments

 2. Total **1997** Covered Lives Liability   _____

 3. Total **1998** Surcharge Obligations on Patient Service Payments   _____

 4. Total **1998** Covered Lives Liability   _____

 5. Total **1999** Surcharge Obligations on Patient Service Payments   _____

 6. Total **1999** Covered Lives Liability   _____

 7. Total **2000** Surcharge Obligations on Patient Service Payments   _____

 8. Total **2000** Covered Lives Liability   _____

 9. Total **2001** Surcharge Obligations on Patient Service Payments   _____

10. Total **2001** Covered Lives Liability   _____

11. Total **2002** Surcharge Obligations on Patient Service Payments   _____

12. Total **2002** Covered Lives Liability   _____

13. Total **2003** Surcharge Obligations on Patient Service Payments   _____

14. Total **2003** Covered Lives Liability   _____

15. Total **2004** Surcharge Obligations on Patient Service Payments   _____

16. Total **2004** Covered Lives Liability   _____

17. Total **2005** Surcharge Obligations on Patient Service Payments   _____

18. Total **2005** Covered Lives Liability   _____

19. Total Public Goods Pool Liability Payable
     (Sum Above Amounts) **(may not be less than zero)**   _____

A check for the amount reflected on Line 19 above should be made payable to the **"PUBLIC GOODS POOL"**
and mailed along with the applicable reporting forms to:

Regular Mail to: -OR-   **Express or Overnight Mail to:**
Mr. Jerome Alaimo, Pool Administrator   Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration   Office of Pool Administration
Excellus BlueCross BlueShield, Central New York Region   Excellus BlueCross BlueShield, Central New York Region
P.O. Box 4757   344 South Warren Street
Syracuse, New York 13221-4757   Syracuse, New York 13202-2008

Please enter the payor's Federal Tax Identification Number on the face of the check. IMPORTANT NOTE: Faxed copies of the
monthly reports are not acceptable.